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CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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COUNTRY **USSR**SUBJECT **Treatment of Goitre, Leprosy and Malaria/Major Epidemics
Between 1928-1943/Public Health Service**

REPORT

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THIS IS **UNEVALUATED** INFORMATION**Treatment of Goitre**

1. Endemic goitre in the USSR is mainly centralized in the Caucasian region. It can be divided into two types which are: (1) mountain goitre and (2) goitre in the lowland areas of the USSR. Mountain goitre is located chiefly in the following areas:
 - a) Karachai
 - b) Svanetia
 - c) Georgia

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- d) Armenia
- e) Altai in Siberia
- f) Transbaikalia

Plain goitre is found in the Adygai area of the USSR. The poor water supply in the USSR in many respects contributed to endemic goitre. The water supply was quite primitive and the people in these endemic areas obtained their water from wells or nearby rivers.

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2. In 1929 [] a scientific expedition [] went to the Karachai area of the USSR to investigate endemic goitre. []

[] expedition was entirely financed by scientific members of the Association of Southeastern Scientists. []

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[] work was rather limited in scope due to a lack of funds and apparent disinterest of the Soviet government. As a result of [] work on these goitre expeditions, [] recommended that the populace be treated with iodized salt in the local areas in which goitre was endemic. This treatment would have been effective had there been sufficient iodized salt to treat those afflicted. []

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[] proved to be in- Preventative measures were completely ignored and the end surgery was the only solution to the problem. As late as 1943, [] the USSR, there was no uniform treatment of goitre.

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Leprosy

3. Leprosy was a critical problem in the USSR during the period of 1928-1930. []

[] Leprosy was endemic in many areas of the USSR including the following:

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- a) Kuban Region (Krasnodar district)
- b) Terek Region
- c) Karachai District
- d) Adygai Autonomous District
- e) Astrakhan District
- f) Turkistan District (middle east)
- g) Irkutsk District
- h) Leningrad District (small number of cases)
- i) Estonia (Zel' Island in Baltic Sea)

4. [] leprosy could not be treated completely; however, the malignancy could be stopped if the patient were hospitalized in a leprosarium. Treatment was effected primarily through the use of sholmogrou oil. Other methods used which were not as effective, included irritation of the reticulo-endothelial system, gold preparations and freezing. There were many leprosariums in the USSR for the treatment of leprosy and [] after 2-3 years of treatment 10% of the patients could leave. The leprosariums in existence in the USSR in 1943 were the following:

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- a) Krutyie Ruchi (near Krasnodar)
- b) Kholmskoe (near Krasnodar)
- c) Georgievsk (Terek)

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- d) Yakutsk
- e) Two in Turkistan
- f) Guryev
- g) Island of Zelloff Estonia
- h) Krasnodar Experimental Leprosorium - 20 beds
- i) Moscow Experimental Leprosorium - 20 beds

Malaria

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5. Malaria has always been a serious problem in the USSR, particularly after the revolution of 1917. There were large numbers of people who were displaced during this period, many of them afflicted with malaria. They brought it with them to all parts of the USSR, and [redacted] any region in the USSR is capable of endemic malaria. The first sections of the USSR seriously affected were Krasnodar (Kuban), Transcaucasia and Astrakhan.

[redacted] serious research on malaria in the USSR was not started until 1928. The preventative measures recommended for malaria were about the same as those used in the US. These preventative measures included drying up of small bodies of water, using the petrolization method of spraying oil over large bodies of water by means of light airplanes and, of course, scrubbing by stocking rivers with gambusiums, which are very small fish, [redacted] their offsprings would eat the larvae of the mosquito. This method proved to be very effective, particularly in the rivers of Turkistan and the region of the Don River. The prophylaxis used on malarial cases was usually quinine. Akrekhin and plasmoquine were also used. The latter, however, very rarely because of its atrophy of the optical nerve. Advanced cases were treated with neosalvarsan and with methylene blue.

Major Epidemics - 1928-43

6. [redacted] a number of major epidemics in the USSR during the 1928-43 period. One of the most serious epidemics was the bubonic plague which occurred in 1928 and again in 1932. Prophylaxis of the plague was very good due to the plague stations established by the Plague Institute of Gorky. The Institute makes yearly visits throughout the USSR examining dead marmots. If the marmot is infected, light planes are called in to spray the entire area with poison. This practice seems to be effective and [redacted] there have been no serious plague epidemics since 1932. In 1932-33 there was a serious malaria epidemic in the North Caucasus area, and its severity was increased due to the artificial hunger created in the USSR during this period. There was also a serious tularemia epidemic in Tobolsk in 1936. [redacted] Typhoid fever has always been a serious problem in the USSR, particularly in the concentration camp areas; however, there were sporadic outbreaks of typhoid in the large cities. The outbreaks have always been brought under control. One of the major health problems in the USSR has been the yearly outbreak of gripe in the larger cities. This outbreak is due primarily to the crowded living conditions and poor food supply. There have been minor epidemics of scarlet fever and measles but the fatality rate was very low. [redacted] there have never been any polio epidemics. Infant polio is a comparatively rare disease in the USSR.

Public Health Service

7. The public health service in the USSR between 1935 and 1943 was directly proportional to the economic well-being of the country. Each individual city was on the budget of the collective farms, and if the budget was substantial, the health service rendered to the local populace was good. If the budget was poor, the health service was poor. During this period of 1935-43, there was

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a severe shortage of medical supplies for the civilian population because first priority was always given the army. Some of the small country hospitals were staffed with young and inexperienced physicians, and, as a result, the quality of treatment was not always the best. However, the large district hospitals were always available for the more serious cases if they required consultations.

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